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## APPLICANTS

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 Dominique Conte, Saint-Dizier, FRANCE;

\*\* CONTINUING DATA \*\*\*\*\* *yes* *MAS*  
 This application is a 371 of PCT/EP03/00226 01/13/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *yes* *MAS*  
 FRANCE 02/00388 01/14/2002

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 2	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>MAS</i> Initials				

## ADDRESS

32425

## TITLE

Process for treating an ophthalmic lens

<b>FILING FEE RECEIVED</b> 1248	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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